

State: FLORIDA

DEFINITION OF SERVICES (con't)

2. \_\_\_\_\_ Supervision may be furnished directly by the client, when the client has been trained to perform this function, and when the safety and efficacy of client-provided supervision has been certified in writing by a registered nurse or otherwise as provided in State law. This certification must be based on observation of the client and the specific attendant care provider, during the actual provision of care. Documentation of this certification will be maintained with the client's ICCP.
3. \_\_\_\_\_ Other supervisory arrangements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check one:

1. \_\_\_\_\_ This service is provided to eligible individuals without limitations on the amount or duration of services furnished.
2. \_\_\_\_\_ The State will impose the following limitations on the provision of this service (specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider qualifications are specified in Appendix C-2.

q. \_\_\_\_\_ Private Duty Nursing. (Check one.)

\_\_\_\_\_ Private Duty Nursing services consist of individual and continuous care (in contrast to part time or intermittent care) provided by licensed nurses within their scope of practice under State law.

\_\_\_\_\_ Other Service Definition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check one:

1. \_\_\_\_\_ Private duty nursing services are limited to services provided in the individual's home or place of residence.

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2. \_\_\_\_\_ Private duty nursing services are not limited to services provided in the individual's home or place of residence.

Check one:

- A. \_\_\_\_\_ Services may also be provided in the following locations (Specify):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- B. \_\_\_\_\_ The State will not place limits on the site of private duty nursing services.

Check one:

1. \_\_\_\_\_ This service is provided to eligible individuals without limitations on the amount or duration of services furnished.

2. \_\_\_\_\_ The State will impose the following limitations on the provision of this service (specify):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- r. \_\_\_\_\_ Extended State Plan Services. The following services are available under the State plan, but with limitations. Under this benefit, these services will be provided in excess of the limitations otherwise specified in the plan. Provider standards will remain unchanged from those otherwise indicated in the State plan. When these services are provided as home and community care, the limitations on each service will be as specified in this section.

1. \_\_\_\_\_ Physician services.

Check one:

- A. \_\_\_\_\_ This service is provided to eligible individuals without limitations on the amount or duration of services furnished.

- B. \_\_\_\_\_ The State will impose the following limitations on the provision of this service (specify):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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2. Home Health Care Services

**Check one:**

- A. \_\_\_\_\_ This service is provided to eligible individuals without limitations on the amount or duration of services furnished.
- B. \_\_\_\_\_ The State will impose the following limitations on the provision of this service (specify):

3. Physical Therapy Services

**Check one:**

- A. \_\_\_\_\_ This service is provided to eligible individuals without limitations on the amount or duration of services furnished.
- B. \_\_\_\_\_ The State will impose the following limitations on the provision of this service (specify): \_\_\_\_\_

#### 4. Occupational Therapy Services

**Check one:**

- A. \_\_\_\_\_ This service is provided to eligible individuals without limitations on the amount or duration of services furnished.
- B. \_\_\_\_\_ The State will impose the following limitations on the provision of this service (specify):

5.                      **Speech, Hearing and Language Services**

**Check one:**

- A. \_\_\_\_\_ This service is provided to eligible individuals without limitations on the amount or duration of services furnished.

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B. \_\_\_\_\_ The State will impose the following  
limitations on the provision of this  
service (specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. \_\_\_\_\_ Prescribed Drugs

Check one:

A. \_\_\_\_\_ This service is provided to eligible  
individuals without limitations on the  
amount or duration of services furnished.

B. \_\_\_\_\_ The State will impose the following  
limitations on the provision of this  
service (specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. \_\_\_\_\_ Other services (specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider standards for each "other" services identified are  
found in Appendix C-2.

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PROVIDER QUALIFICATIONS

- a. The following are the minimum qualifications for the provision of each home and community care service under the plan.

LICENSURE AND CERTIFICATION CHART

Cite relevant portions of State licensure and certification rules as they apply to each service to be provided.

| SERVICE                                      | PROVIDER TYPE | LICENSURE | CERTIFICATION |
|--|---------------|-----------|---------------|
| HOMEMAKER                                    |               |           |               |
| HOME HEALTH AIDE                             |               |           |               |
| CHORE SERVICES                               |               |           |               |
| PERSONAL CARE                                |               |           |               |
| NURSING CARE                                 |               |           |               |
| RESPIRE CARE                                 |               |           |               |
| IN HOME                                      |               |           |               |
| FACILITY BASED                               |               |           |               |
| FAMILY TRAINING                              |               |           |               |
| ADULT DAY CARE                               |               |           |               |
| DAY TREATMENT/<br>PARTIAL<br>HOSPITALIZATION |               |           |               |
| PSYCHOSOCIAL<br>REHABILITATION               |               |           |               |
| CLINIC SERVICES                              |               |           |               |

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| SERVICE                                | PROVIDER TYPE | LICENSURE | CERTIFICATION |
|--|---------------|-----------|---------------|
| HABILITATION                           |               |           |               |
| RESIDENTIAL                            |               |           |               |
| DAY                                    |               |           |               |
| ENVIRONMENTAL<br>MODIFICATIONS         |               |           |               |
| TRANSPORTATION                         |               |           |               |
| MEDICAL EQUIPMENT<br>AND SUPPLIES      |               |           |               |
| PERSONAL EMERGENCY<br>RESPONSE SYSTEMS |               |           |               |
| ADULT COMPANION                        |               |           |               |
| ATTENDANT CARE                         |               |           |               |
| PVT DUTY NURSING                       |               |           |               |

Identify any licensure and certification standards applicable to the providers of "other" services defined in Appendix C-1 on a separate sheet of paper. Attach the paper to this Appendix.

Identify any additional standards applicable to each service on a separate sheet of paper. Attach the paper to this Appendix.

b. ASSURANCE THAT REQUIREMENTS ARE MET

1. The State assures that the standards of any State licensure or certification requirements are met for services or for individuals furnishing services that are provided under this section.
2. The State will require each provider furnishing services under this section to furnish proof that all applicable requirements for service provision, specified in this Appendix, are met prior to the provision of services for which FFP is claimed.
3. The State assures that it will review each provider at least once a year, to ensure that provider requirements continue to be met.

c. PROVIDER REQUIREMENTS APPLICABLE TO ALL SERVICES

In addition to standards of licensure and certification, each individual furnishing services under this section must demonstrate the following to the satisfaction of the State:

1. Familiarity with the needs of elderly individuals. The degree of familiarity must be commensurate with the type of service to be provided.

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2. If the provider is to furnish services to individuals with Alzheimer's Disease or to recipients with other mental impairments, familiarity with the course and management of this disease, commensurate with the type of service to be provided.
3. The provider must furnish proof of sufficient ability to communicate with the client or primary caregiver. To be considered sufficient, this ability must be commensurate with the type of service to be provided.
4. Each provider must have received training, appropriate to the demands of the service to be provided, in proper response to emergency situations. This training must include instruction in how to contact the client's case manager.
5. Each provider must be qualified by education, training, experience and/or examination in the skills necessary for the performance of the service.
6. Providers may meet these standards by the following methods:
  - A. Education, including formal degree requirements specified in the provider qualifications for the service to be furnished.
  - B. Specific course(s), identified in the provider qualifications for the service to be furnished.
  - C. Documentation that the provider has completed the equivalent of the course(s) identified in item c.6.B, above.
  - D. Training provided by the Medicaid agency or its designee.  
  
The Medicaid agency or its designee will also make this training available to unpaid providers of service.  
  

Yes

No
  - E. Appropriate experience (specified in the provider qualifications for the applicable service) which may substitute for the education and training requirements otherwise applicable.
  - F. The provider may demonstrate competence through satisfactory performance of the duties attendant upon the specified service. With regard to particular providers, and particular services, the State may also choose to require satisfactory completion of a written or oral test. Test requirements are included in the provider requirements applicable to the specific service.

Specific standards of education, training, experience, and/or demonstration of competence applicable to each service provided are attached to this Appendix.

d. PROVIDER REQUIREMENTS SPECIFIC TO EACH SERVICE

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In addition to the licensure and certification standards cited in Appendix, the State will impose the following qualifications for the providers of each service.

| SERVICE                               | MINIMUM QUALIFICATIONS OF PROVIDERS   |
|---------------------------------------|---|
| HOMEMAKER                             |   |
| HOME HEALTH AIDE                      | Providers of Home Health Aide services meet the qualifications set forth at 42 CFR Part 484 for the provision of this service under the Medicare program. Additional qualifications:  |
| CHORE SERVICES                        |   |
| PERSONAL CARE                         |   |
| NURSING CARE                          |   |
| RESPIRE CARE<br>IN HOME               |   |
| FACILITY BASED                        |   |
| FAMILY TRAINING                       |   |
| ADULT DAY CARE                        |   |
| DAY TREATMENT/PARTIAL HOSPITALIZATION | Day treatment/partial hospitalization services are furnished by a hospital to its outpatients, or by a community mental health center. They are furnished by a distinct and organized ambulatory treatment center which offers care less than 24 hours a day. |
| PSYCHOSOCIAL REHABILITATION           |   |
| CLINIC SERVICES                       |   |
| HABILITATION<br>GENERAL STANDARDS     |   |
| RESIDENTIAL HABILITATION              |   |
| DAY HABILITATION                      |   |

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| SERVICE                                | MINIMUM QUALIFICATIONS OF PROVIDERS |
|--|-------------------------------------|
| ENVIRONMENTAL<br>MODIFICATIONS         |                                     |
| TRANSPORTATION                         |                                     |
| MEDICAL EQUIPMENT<br>AND SUPPLIES      |                                     |
| PERSONAL EMERGENCY<br>RESPONSE SYSTEMS |                                     |
| ADULT COMPANION                        |                                     |
| ATTENDANT CARE                         |                                     |
| PVT DUTY NURSING                       |                                     |

Identify the provider requirements applicable to the providers of each "other" service specified in Appendix C-1 on a separate sheet of paper. Attach the paper to this Appendix.

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ASSESSMENT

- a. The State will provide for a comprehensive functional assessment for a financially eligible individual who meets the targeting requirements set forth in items 3 and 4 of Supplement 2.
- b. This assessment will be provided at the request of the individual, or another person acting on the individual's behalf.
- c. The individual will not be charged a fee for this assessment.
- d. Attached to this Appendix is an explanation of the procedures by which the State will ensure the performance of the assessment.
- e. The assessment will be reviewed and revised not less often than (check one):
  1.                      Every 12 months
  2.                      Every 6 months
  3.                      Other period not to exceed 12 months (Specify):
- f. Check one:
  1.                      The State will use an assessment instrument specified by HCFA.
  2.                      The State will use an assessment instrument of its own specification. A copy of this instrument is attached to this Appendix. The State certifies that this instrument will measure functional disability as specified in section 1929(b) and (c) of the Act. The State requests that HCFA approve the use of this instrument, and certifies that at such time as HCFA may publish a minimum data set (consistent with section 1929(c)(2) of the Act), the assessment instrument will be revised, as determined necessary by HCFA, to conform to the core elements, common definitions, and uniform guidelines which are contained in the minimum data set.
- g. In conducting the assessment (or the periodic review of the assessment), the interdisciplinary team must:
  1. Identify in each such assessment or review each individual's functional disabilities; and
  2. Identify in each such assessment or review each individual's need for home and community care. This identification shall include:
    - A. Information about the individual's health status;
    - B. Information about the individual's home and community environment; and
    - C. Information about the individual's informal support system.

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